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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R:103600003		CITY	OR TOWN	ROCKPOR	T
APPLICATION FO	R RENEWAL:	Seasonal LICENSED FOR 2013				
		CLASS	3			YEAR
LICENSEE NAME	: BRACKETT'S OC	CEANVIEW RE	STAURANT	INC.		
DOING BUSINESS	S A BRACKETT'S C	OCEANVIEW R	ESTAURAN'	Т		
ADDRESS 25 MAI	N STREET					
CITY/TOWN: RO	CKPORT	STATE:	MA ZII	P CODE:	01966	
	ACKETT JR., TY ARLES H.	PE OF LICENSI	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER Y	OUR EMAIL ADDR	RESS		1
DESCRIPTION OF	LICENSED PREMI	ISES:				
AREA; BASEMNT. I	LTI-LEVEL BLDGS. S LEVEL; 1 SIDE ENTR ENTIRE PROPERTY IS	Y/EXIT AND 2 R	EAR ENTRY/	EXITS; ONE	BLDG. WOO	
I hereby certify and	swear under penaltie	s of perjury that:				
1. the renev	wed license will be of	f the same type for	or the same pr	remises now	licensed;	
2. the licens	see has complied with	h all laws of the	Commonweal	lth relating to	o taxes; and	
3. the prem	ises are now open for	r business (If not	explain belov	w)		
SIGNED BY:				···		
	Individual, Partne	r or Authorized (Corporate Off	acer		
DATE:	TELEDITOR	ME MUMDED.	l	FMPI OVER	IDENTIFICAT	ION NUMBER:
21121	TELEPHO	NE NUMBER:	(N			ecurity Number)
Acts of 2004, signe	ed, attest that we ar ed by the building in (2) the certificate o	spector and the	head of the	fire departi	ment for the	above
Please Check Below:			LOC.	AL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE.						
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 10360000)4	CITY OR TOWN	ROCKPORT
APPLICATION FOR RENEWA	AL: Seasonal	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: 68 BEAR	SKIN NECK, LLC		
DOING BUSINESS A MY PLA	ACE BY THE SEA		
ADDRESS 68 BEARSKIN NEO	CK		
CITY/TOWN: ROCKPORT	STATE: MA	ZIP CODE:	01966
MANAGER: STAVROPOUL BARBARA	OS, TYPE OF LICENSE:Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
3. the premises are now SIGNED BY:	plied with all laws of the Component open for business (If not expand)	lain below)	o taxes; and
DATE.	LEPHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
We the undersigned, attest the Acts of 2004, signed by the bunamed license and (2) the cert of 2010.	ilding inspector and the hea	nd of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 103600007		CITY OR TOWN	ROCKPOR	T
APPLICATION FO	R RENEWAL:	Seasonal	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS		•			
ADDRESS 1 T WH	ARF				
CITY/TOWN: ROO	CKPORT	STATE: MA	ZIP CODE:	01966	
MANAGER: BAL J.	ZARINI, LISA TY	PE OF LICENSE:Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM.	AIL ADDRESS		
DESCRIPTION OF	LICENSED PREMI	SES:			
2. the licens	see has complied with	the same type for the sent all laws of the Commer business (If not explain	onwealth relating to		
	Individual, Partne	r or Authorized Corpor	rate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: NOT Ind	. IDENTIFICAT ividual Social Se	
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the head f liquor liability insur	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600008	C	CITY OR TOWN ROCKPORT
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: Karin J. Porter		
DOING BUSINESS A Fish Shack Restaur	rant	
ADDRESS 21 Dock Square		
CITY/TOWN: ROCKPORT	STATE: MA	ZIP CODE: 01966
MANAGER: Porter, Karin J. TYPE	E OF LICENSE: Restar	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEE	SSITE AND ENTER YOUR EMAI	IL ADDRESS
DESCRIPTION OF LICENSED PREMISE	ES:	
Full service waterfront restaurant		
I hereby certify and swear under penalties of		
1. the renewed license will be of the	· =	_
2. the licensee has complied with a		•
3. the premises are now open for b	ousiness (If not explain	n below)
CICNED DV.		
SIGNED BY: Individual, Partner of	or Authorized Corpora	ate Officer
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building insp	ector and the head o	certificate required by Chapter 304 of the of the fire department for the above once required by Chapter 116 of the Acts
of 2010.	iquor hability insura	ince required by complex 110 or the 1200
		LOCAL LICENSING AUTHORITY
of 2010.		
of 2010. Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY
of 2010. Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY
of 2010. Please Check Below: APPROVED: DISAPPROVED:		LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:103600011		CITY OR TOWN	ROCKPOR	T
APPLICATION FOR	R RENEWAL:	Seasonal	LICEN	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME:	HORSESHOE,INC.				
DOING BUSINESS	A BLACKSMITH SI	HOP RESTAURAN	T		
ADDRESS 23 MT. F	PLEASANT STREET				
CITY/TOWN: ROC	CKPORT	STATE: MA	ZIP CODE:	01966	
MANAGER: ALO	ISE, STEPHEN TYPE	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EN	AAIL ADDRESS		I
DESCRIPTION OF I	LICENSED PREMISI	ES:			
	RST FLOOR, FUNCTION INCLUDING FUNCTIONS			ON 3RD FLOO	OR,
I hereby certify and s	wear under penalties of	of perjury that:			
1. the renew	ed license will be of th	ne same type for the	same premises now	licensed;	
2. the license	ee has complied with a	all laws of the Comr	nonwealth relating to	taxes; and	
3. the premis	ses are now open for b	usiness (If not expla	nin below)		
SIGNED BY:			O CCT		
	Individual, Partner of	or Authorized Corpo	rate Officer		
DATE:			EMBLOVED	IDENTIFIC AT	ION NUMBER.
DATE.	TELEPHONE	NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)
Acts of 2004, signed	l, attest that we are i l by the building insp (2) the certificate of l	ector and the head	l of the fire departi	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	:>				
(If disapproved expla	uii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:103600014		CITY	Y OR TOWN	ROCKPOR	T
APPLICATION FOR	RENEWAL:	Season CLAS		LICEN	SED FOR 20	13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 44 MARI	A SEA GARDEN RE	C.				
CITY/TOWN: ROC	KPORT	STATE:	MA Z	ZIP CODE:	01966	
	EY, NANCY TYPE ERON	E OF LICEN	SE:Restaurar	nt CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL AD	DRESS		
DESCRIPTION OF I KITCHEN, DINING ROSE ROOMLIQUO	OOM, OFFICES, LIVIN	IG ROOM, SU		HREE OTHER	DINING ROO	OMS,
I hereby certify and s	wear under penalties o	of perjury tha	t:			
	ed license will be of the			_		
	e has complied with a			_	o taxes; and	
3. the premis	es are now open for b	usiness (If no	ot explain be	low)		
SIGNED BY:	Individual, Partner of	or Authorized	l Corporate (Officer		
DATE:	TELEPHONE	NUMBER:		EMPLOYER (Note: NOT Ind	R IDENTIFICAT	
Acts of 2004, signed	l, attest that we are in by the building insp 2) the certificate of li	ector and th	ne head of th	e fire departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LO By:	CAL LICENS	ING AUTHO	DRITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1036000	015	CITY OR TOWN	ROCKPORT
APPLICATION FOR RENEW	VAL: Seasona	l LICENS	SED FOR 2013
	CLASS	3	YEAR
LICENSEE NAME: BLUE I DOING BUSINESS A	LOBSTER GRILLE, LLC		
ADDRESS 15 DOCK SQUAR	RE		
CITY/TOWN: ROCKPORT	STATE:	MA ZIP CODE:	01966
MANAGER: MCCARTHY, MAURA E.	TYPE OF LICENS	E:Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSE	ED PREMISES:		
FIRST FLOOR OF THREE STORESTAURANT. MAIN ACCESS FLOOR.			
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for	or the same premises now	licensed;
2. the licensee has con	nplied with all laws of the	Commonwealth relating to	taxes; and
3. the premises are no	w open for business (If not	explain below)	
SIGNED BY:	ual, Partner or Authorized (Corporate Officer	
DATE: T	ELEPHONE NUMBER:		IDENTIFICATION NUMBER:
		(Note: NOT Indi	ividual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the ce of 2010.	ouilding inspector and the	head of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:		•	
(If disapproved explain)			
DATE:			